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Rep. Boucher: Will Not Support A Medical Malpractice Insurance Reform Bill Without Caps



Legislature to Meet in Special Session Monday

State Representative Toni Boucher, R-Wilton, said today that she would not support an override of Governor John Rowland's veto of a medical malpractice bill because the legislation ignores the issue of patient access to

healthcare by not including caps on non-economic damages.

The House of Representatives is scheduled to hold a special session on Monday when it may take up the matter.

"Any so-called reforms that do not include caps will do nothing to increase the number of insurance companies in this state or to reduce the costs to doctors and patients," Rep. Boucher said. "At one point, there were 13 medical malpractice insurance companies in Connecticut, and now we have only three. It is entirely conceivable that someday there will be no insurance companies willing to provide this kind of coverage to doctors working in this state."

Those medical professionals most affected by this crisis are doctors in high-risk fields such as obstetrics and neurosurgery, Rep. Boucher said.

"It is not too hard to imagine that at some point we may have fathers delivering their own children," Rep. Boucher said.

When the issue came up in the House of Representatives for debate in late April, House Republicans introduced a plan that would limit non-economic damages to \$350,000 per physician per plaintiff and \$650,000 on hospitals per plaintiff. Unfortunately, that bill did not pass.

The bill that was passed, HB 5669, had several elements that will not work, including providing a tax credit to physicians.

"This is a bad policy decision that will end up costing every taxpayer and the state money, but more importantly it would affect very few doctors and is unwanted. We need

to make reforms that will curtail skyrocketing premiums, not ones that grant special tax breaks," Rep. Boucher said.

California has had caps in place for more than 25 years, and that state is proof that caps help stabilize medical liability rates. California has seen a rate increase of 167 percent compared with 505 percent in the rest of the country over that time period.

Rep. Boucher said the current climate in Connecticut provides disastrous implications for doctors who are innocent of medical malpractice claims.

"In this state, the first offer from a defendant is compounded at 12 percent annually if the doctor doesn't take that offer, regardless of whether the claim has any merit," Rep. Boucher said. "These offers can grow to double the original figure and that puts doctors in a very bad and unfair position."

While the bill that was passed would have offered a reduction in the first offer interest penalty from 12 percent to 8 percent it still doesn't balance the scales evenly, Rep. Boucher said.

Rep. Boucher said she is frustrated that, for the past two years, the legislature has failed to come up with any meaningful reform. One two previous occasions she introduced a bipartisan amendment, with well over 30 co-sponsors, that created a cap for non-economic damages, provided for Insurance Department review of rate increases, a medical oversight board, protection for doctors reporting malpractice and other meaningful items to bring fairness to the process.

"Doctors who make mistakes must be disciplined and caps on non-economic damage would not prevent that," Rep. Boucher said. "The plan House Republicans presented, with the caps, would still have preserved patients' rights to pursue, vigorously, claims against doctors that have made mistakes. It also would have balanced those needs with the doctors' ability to do business in this state by providing quality healthcare to our constituents. I believe we will have to return to the issue of capping non-economic damages so we don't lose doctors and access to procedures that could save the lives of our residents."

Rep. Boucher added that this issue is not about the doctors versus lawyers.

"Most people need a good doctor and a good lawyer during their lifetime," Rep. Boucher said. "This issue really is about patients' health and access to a good doctor, especially when you are faced with a critical healthcare issue."